

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

162

Registered No.

7

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Alice Farms { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Jan 15 1927
Month Day Year8. FATHER Walter Irving Farms 14. MOTHER Margaret Dehn
Full maiden name9. Residence Hayden Arizona 15. Residence Hayden Arizona
(Usual place of abode) If non-resident, give place and state10. Color or race White 16. Color or race White 17. Age at last birthday 40 (Years) 33 (Years)12. Birthplace (city or place) San Francisco California 18. Birthplace (city or place) San Diego California
(State or country)13. Occupation Superintendent Copper Mill 19. Occupation House Wife
Nature of industry Nature of industry20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Charles H. Hueston MD (Physician or midwife)Given name added from a supplemental report _____ Address Hayden, Ariz.Month, day, year _____ Filed Jan 17 1927 Registrar W. B. J. [Signature]

Registrar

472-115-444